

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	MA		04/09/01
O.I.P.E. CLASSIFIER	SMW	32	5/2
FORMALITY REVIEW	<del>SMW</del>	SC886	05-08-01
RESPONSE FORMALITY REVIEW			

BEST AVAILABLE COPY

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 - ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final Original	6/26/01
1	3/26/01
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
8	✓
.9	✓
10	✓
11	✓
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
stapl additional sheet h re

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